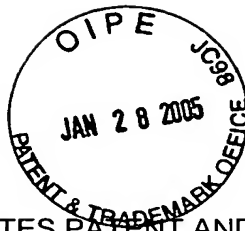


Attorney Docket: 016374-0305920
Client Reference: DKT.21 DIV 1



COFE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of: LEMENS et al.

Confirmation Number: 6329

Patent No.: 6,840,298 B2
Issued: January 11, 2005

Group Art Unit: 1734

Application No.: 10/660,486
Filed: September 12, 2003

Examiner: Hung Nguyen

Title: MASTER PROCESSING APPARATUS

REQUEST FOR CERTIFICATE OF CORRECTION
UNDER 37 U.S.C. §255 AND PURSUANT TO 37 C.F.R. §1.323

Mail Stop Certificate of Correction
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Certificate
FEB 03 2005
of Correction

Sir:

It is respectfully requested that a Certificate of Correction be issued in the subject patent for a mistake made by the Applicant.

Attached are two properly completed Certificate of Correction Forms PTO/SB/44 showing the corrections. The Issue Fee Transmittal Form PTOL-85(b) was filed in the Patent and Trademark Office on December 2, 2004, incorrectly identifying the Assignee as ASML Netherlands B.V. It is requested that these forms be certified by the Commissioner, with one form being returned to the undersigned attorney.

It is respectfully submitted that this error was due to a typographical error and the fault of the Applicant. Therefore, the Commissioner is hereby authorized to charge the fee under 37 C.F.R. 1.20(a) in the amount of \$100 to our Deposit Account No. 03-3975 under Order No. 016374/0305920.

02/01/2005 MMEKONE1 00000030 033975 6840298
01 FC:1811 100.00 DA

Respectfully submitted,

PILLSBURY WINTHROP LLP


BRYAN P. COLLINS
Reg. No. 43560

Date: January 28, 2005
P.O. Box 10500
McLean, VA 22102
Tel. No. (703) 905-2038
Fax No. (703) 905-2500

FEB 08 2005

**UNITED STATES PATENT AND TRADEMARK
OFFICE CERTIFICATE OF CORRECTION**

PATENT NO : 6840298

DATED : January 11, 2005

INVENTOR(S) : PAUL J LEMENS, ET AL

It is certified that error appears in the above-identified patent and that said Letters Patent
is hereby corrected as shown below:

On title page, item 73 Assignee
replace "ASML Netherlands B.V., Veldhoven (NL)"
with --Xyron, Inc., Scottsdale, AZ--.

MAILING ADDRESS OF SENDER:

PILLSBURY WINTHROP LLP

P.O. Box 10500

McLean, VA 22102

PATENT NO. 6840298

No. of additional copies



This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEB 03 2005



CofC#

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|--------------------------|--------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL for FY 2005 | | Application Number | 10/660,486 |
| | | Filing Date | September 12, 2003 |
| | | First Named Inventor | PAUL J LEMENS |
| | | Examiner Name | Linda L. Gray |
| | | Art Unit | 1734 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 016374-0305920 |
| TOTAL AMOUNT OF PAYMENT | | (\$) 100.00 | |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 033975 |
| Deposit Account Name: PILLSBURY WINTHROP LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Credit any overpayments |
| WARNING: Information on this form may become public. Credit Card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. | |

| | | | | | | | |
|---|-------------|-----------------------|--|-----------------------|---------------------------|-----------------------|---------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 150 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | Small Entity | |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | | | Fee (\$) | Fee (\$) |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | | | 50 | 25 |
| Multiple dependent claims | | | | | | 200 | 100 |
| | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| _____ - 20 or HP = | | X | _____ | _____ | Fee (\$) | | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| _____ - 3 or HP = | | X | _____ | _____ | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | |
| _____ - 100 = | | _____ /50= | _____ (round up to a whole number) x | 250.00 | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, 130 fee (no small entity discount) | | | | | | Fee Paid (\$) | |
| Other: Certificate of Correction | | | | | | _____ 100 _____ | |

| | | | |
|---------------------|------------------|------------------------|------------------|
| SUBMITTED BY | | Registration No. | Telephone |
| Signature | | (Attorney/Agent) 43560 | 703.905.2038 |
| Name (Print/Type) | Bryan P. Collins | Date | January 28, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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